				Hice Action						
envelope bearing I	First Cla	ass Postage and	d addres	sed to the Assist	ent is bei ant Comn	ng deposited wi nissioner for Pa	ith the	United States Pos U.S. Patent and T	tal Servic rademark	e in an Office
Washington, D.C.,		ame of Person		rick T. King	Cional	ture of the Perso		$\rightarrow$		
Deposit 3/0/03		Taking the	Fai	ifick 1. King		ig the Deposit:	n V	· )_A	~ ~	
Deposit		Deposit:		BE	IVIANII	ig the Deposit.		anto r	2-15	w
L.,		фози	10 h	r ess				9		
Inventor(s):	John	M. Cailaha	, MAY	0 8 3003				Docket No.:	NANO09.	DIV2
1111 011101(5).	001111	···· ouriaria	Ĕ	<b>W</b>						
Serial No.:	10/0	M. Callaha 14,928	ERTE!	RADEMARKS	Group Unit:	Art 28	814			
Filed:	Dece	ember 11, 20	001	Examiner: Nathan W. Ha						
Title:	DUAL DIE MEMORY									
Assistant Com: U.S. Patent and Washington, D	d Trad	emark Offic								
		Transmit	tal of a	Response to a	n Office	Action (Am	endn	nent)		
1. X Trans	mitted	I herewith is	a respo	onse to an offic	e action	for the above	iden	tified patent app	olication	
2. X In an Office Action mailed on April 24, 2003 for the above-identified U.S. Patent Application, a shortened statutory period of 3 Months was set for response. A response is due by July 24,2003.										
mental states of saily 21,2003.										
In accordance with 27 CED & 1.126(a). Applicant beauty account of the section of										
3. In accordance with 37 CFR § 1.136(a), Applicant hereby requests a month Extension of Time										
so that the period for response expires on:										
									J	
Fee Calculation (	foras	mall entity)								
	IUI a S			# COLI	· ·	B . E .				
				# of Claims I					1	
Fee Items									1	
		Claims Rema After Amend		iously Paid I	ror	Claims		Fee Rate		Total
Total Claims				- 20 =	ror	Claims	_	x \$9.00		Total
Total Claims Independent Clain		After Amend	ment	- 20 = - 3 =						Total
Total Claims Independent Clain		After Amend	ment	- 20 = - 3 =				x \$9.00 x \$39.00		Total
Total Claims Independent Clain Multiple Depende	nt Clai	After Amend	ment more, f	- 20 = - 3 = irst added by thi	s amendr	nent)	3rd	x \$9.00 x \$39.00 \$260.00	7	Total
Total Claims Independent Clain	nt Clai	After Amend	ment more, f	- 20 = - 3 = irst added by thist Month	s amendr	nent)   Month		x \$9.00 x \$39.00 \$260.00	n .	Total
Total Claims Independent Clain Multiple Depende Extension of Time	nt Clai	After Amend	ment more, f	- 20 = - 3 = irst added by thi	s amendr	nent)   Month	3rd   \$435	x \$9.00 x \$39.00 \$260.00 Month 5.00	7	
Total Claims Independent Clain Multiple Depende	nt Clai	After Amend	ment more, f	- 20 = - 3 = irst added by thist Month	s amendr	nent)   Month		x \$9.00 x \$39.00 \$260.00 Month 5.00	-	20
Total Claims Independent Clain Multiple Depende Extension of Time Total Fees	nt Clai	After Amend	ment more, f	- 20 = - 3 = irst added by thist Month	s amendr	nent)   Month		x \$9.00 x \$39.00 \$260.00 Month 5.00	-	20
Total Claims Independent Clain Multiple Depende Extension of Time Total Fees  4. Fee Payment:	nt Clai	M Fee (one or on above):	more, f	- 20 = - 3 = irst added by thist Month	s amendr	nent)   Month		x \$9.00 x \$39.00 \$260.00 Month 5.00	-	200
Total Claims Independent Claim Multiple Depende Extension of Time Total Fees  4. Fee Payment: X No add	nt Clai (petiti	m Fee (one or on above):	more, f	- 20 = - 3 = irst added by thist Month	s amendr 2nd 1 \$190	nent) Month .00		x \$9.00 x \$39.00 \$260.00 Month 5.00	-	200
Total Claims Independent Claim Multiple Depende Extension of Time Total Fees  4. Fee Payment: X No add	nt Clai (petiti	M Fee (one or on above):	more, f	- 20 = - 3 = irst added by thist Month	s amendr 2nd 1 \$190	nent)   Month		x \$9.00 x \$39.00 \$260.00 Month 5.00	-	RECEIV
Total Claims Independent Claim Multiple Depende Extension of Time  Total Fees  4. Fee Payment:  X No add A chec	nt Clair (petiti litional k in the	m Fee (one or on above):	more, f	- 20 = - 3 = irst added by thist Month	s amendr 2nd 1 \$190	nent) Month .00		x \$9.00 x \$39.00 \$260.00 Month 5.00	-	RECEIV
Total Claims Independent Claim Multiple Depende Extension of Time  Total Fees  4. Fee Payment:  X No add A chec  5. Fee Deficiency	nt Clai	M Fee (one or on above):  fee is required amount of	more, f	- 20 = - 3 = irst added by thi it Month 55.00	s amendr 2nd   \$190	nent) Month .00  is enclosed.	\$435	x \$9.00 x \$39.00 \$260.00 Month 5.00	-	RECEIV
Total Claims Independent Claim Multiple Depende Extension of Time  Total Fees  4. Fee Payment:  X No add A chec  5. Fee Deficiency X If any a	nt Clair (petiti litional k in the	M Fee (one or on above):  fee is required amount of	ment   more, f   ls   \$5	- 20 = - 3 = irst added by thi it Month 55.00	s amendr 2nd   \$190	nent) Month .00  is enclosed.	\$435	x \$9.00 x \$39.00 \$260.00 Month 5.00	-	RECEIV
Total Claims Independent Claim Multiple Depende Extension of Time  Total Fees  4. Fee Payment:  X No add A chec  5. Fee Deficiency X If any a	nt Clair (petiti litional k in the	M Fee (one or on above):  fee is required amount of	ment   more, f   ls   \$5	- 20 = - 3 = irst added by thi it Month 55.00	s amendr 2nd   \$190	nent) Month .00  is enclosed.	\$435	x \$9.00 x \$39.00 \$260.00 Month 5.00	-	RECEIV
Total Claims Independent Claim Multiple Depende Extension of Time  Total Fees  4. Fee Payment:  X No add A chec  5. Fee Deficiency X If any a	nt Clair (petiti litional k in the	M Fee (one or on above):  fee is required amount of	ment   more, f   ls   \$5	- 20 = - 3 = irst added by thi it Month 55.00	s amendr 2nd   \$190	nent) Month .00  is enclosed.	\$435	x \$9.00 x \$39.00 \$260.00 Month 5.00	-	RECEIV
Total Claims Independent Claim Multiple Depende Extension of Time  Total Fees  4. Fee Payment:  X No add A chec  5. Fee Deficiency X If any a	nt Clair (petiti litional k in the	M Fee (one or on above):  fee is required amount of	ment   more, f   ls   \$5	- 20 = - 3 = irst added by thi it Month 55.00	s amendr 2nd   \$190	nent) Month .00  is enclosed.	\$435	x \$9.00 x \$39.00 \$260.00 Month 5.00	NG LOGY CE	RECEIV
Total Claims Independent Claim Multiple Depende Extension of Time  Total Fees  4. Fee Payment:  X No add A chec  5. Fee Deficiency X If any a	nt Clair (petiti litional k in the	M Fee (one or on above):  fee is required amount of	ment   more, f   ls   \$5	- 20 = - 3 = irst added by thi it Month 55.00	s amendr 2nd   \$190	nent) Month .00  is enclosed.	\$435	x \$9.00 x \$39.00 \$260.00 Month 5.00	-	RECEIV
Total Claims Independent Claim Multiple Depende Extension of Time  Total Fees  4. Fee Payment:  X No add A chec  5. Fee Deficiency X If any a X If any a	nt Clair (petiti litional k in the	M Fee (one or on above):  fee is required amount of	ment   more, f   ls   \$5	- 20 = - 3 = irst added by thi it Month 55.00	s amendr 2nd   \$190	nent) Month .00  is enclosed.	\$435	x \$9.00 x \$39.00 \$260.00 Month 5.00	-	RECEIV
Total Claims Independent Claim Multiple Depende Extension of Time  Total Fees  4. Fee Payment:  X No add A chec  5. Fee Deficiency X If any a X If any a	nt Claire (petitical)	M Fee (one or on above):  fee is required amount of	ment   more, f   ls   \$5	- 20 = - 3 = irst added by thi it Month 55.00	s amendr 2nd 1 \$190	is enclosed.	\$435	x \$9.00 x \$39.00 \$260.00 Month 5.00	-	RECEIV
Total Claims Independent Claim Multiple Depende Extension of Time  Total Fees  4. Fee Payment:  X No add A chec  5. Fee Deficiency X If any a X If any a	nt Claire (petitical)	M Fee (one or on above):  fee is required amount of	ment   more, f   ls   \$5	- 20 = - 3 = irst added by thi it Month 55.00	s amendra 2nd 1 \$190	is enclosed.	979	x \$9.00 x \$39.00 \$260.00 Month 5.00	-	RECEIV
Total Claims Independent Claim Multiple Depende Extension of Time  Total Fees  4. Fee Payment:  X No add A chec  5. Fee Deficiency X If any a X If any a	nt Claire (petitical)	M Fee (one or on above):  fee is required amount of	ment   more, f   ls   \$5	- 20 = - 3 = irst added by thi it Month 55.00	s amendra 2nd \$190  arge Account N	is enclosed.	979	x \$9.00 x \$39.00 \$260.00 Month 5.00	-	RECEIV
Total Claims Independent Claim Multiple Depende Extension of Time  Total Fees  4. Fee Payment:  X No add A chec  5. Fee Deficiency X If any a X If any a Reg. No. 28,231 Date May 6, 20	nt Clair c (petiti c (petiti c itional k in the ddition ddition	M Fee (one or on above):  fee is required amount of	ment   more, f   ls   \$5	- 20 = - 3 = irst added by thi it Month 55.00	s amendra 2nd \$190  arge Account N	is enclosed.	979	x \$9.00 x \$39.00 \$260.00 Month 5.00	-	RECEIV
Total Claims Independent Claim Multiple Depende Extension of Time  Total Fees  4. Fee Payment:  X No add A chec  5. Fee Deficiency X If any a X If any a	nt Clair c (petiti c (petiti c itional k in the ddition ddition	M Fee (one or on above):  fee is required amount of	ment   more, f   ls   \$5	- 20 = - 3 = irst added by thi it Month 55.00	s amendra 2nd \$190  arge Account N	is enclosed.	979	x \$9.00 x \$39.00 \$260.00 Month 5.00	-	RECEIV
Total Claims Independent Claim Multiple Depende Extension of Time  Total Fees  4. Fee Payment:  X No add A chec  5. Fee Deficiency X If any a X If any a Reg. No. 28,231 Date May 6, 20	nt Clair c (petiti c)	M Fee (one or on above):  fee is required amount of	ment   more, f   ls   \$5	- 20 = - 3 = irst added by thi it Month 55.00	s amendra 2nd \$190  arge Account N	is enclosed.	979	x \$9.00 x \$39.00 \$260.00 Month 5.00	-	RECEIV





## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

John M. Callahan

Docket No. NANO09DIV2

Serial No.:

10/014,928

Group Art Unit: 2814

Filed:

December 11, 2001

Examiner: Ha, Nathan W.

For:

DUAL DIE MEMORY

## **Amendment and Response**

Assistant Commissioner for Patents U.S. Patent and Trademark Office P O Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated April 24, 2003, Applicant respectfully requests the Examiner to enter the following amendments to the claims and consider the following remarks:

TECHNOLOGY CENTER 2800